STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966229	R **03/29/2019**
NAME OF PROVIDER OR SUPPLIER **ADVANTAGE SENIOR LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1701 SW 47TH AVENUE** **FORT LAUDERDALE, FL 33317**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced revisit to the Relicensure survey, was conducted on 03/29/2019 at Advantage Senior Living Facility, LLC, License #10472. The previously cited deficiencies were found corrected on the day of the survey.